## UNITATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 12 14 0 2 Serial/Patent # 09/700,561					
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
	Filing				\$
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
	Petition	5		9/26/01	\$ 130,00
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND			\$ 130,00
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment	Credit Deposit A/C #:			
	Duplicate Payment		9 [	6 2	480
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY: S. O NORTH					
TYPED/PRINTED NAME: / Sosion Dugar TITLE: Primary Graming					
SIGNATURE:					
OFFICE: Pet, tions					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: <u>Alicia Kella</u> DATE: 1-38-02					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B